



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR HEALTHY FAMILIES AND YOUTH
PERINATAL RISK ASSESSMENT FOR SUBSTANCE USE

CLIENT NAME	PROVIDER NAME	DATE
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When a pregnant woman drinks, smokes or uses drugs, so does her baby. In order to help you have a healthy pregnancy and healthy baby, please answer the following questions honestly.

TOBACCO	OTHER DRUGS
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1. Choose the statement that best describes your smoking status:

- ☐ A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
- ☐ B. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- ☐ C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- ☐ D. I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- ☐ E. I smoke regularly now, about the same as BEFORE I found out I was pregnant.

A referral should be offered to all women who chose answer D or E.

- ☐ Patient refused referral for smoking cessation.
- ☐ Referral was made on this patient for smoking cessation to:

ALCOHOL

NOTE: 1 Drink = the alcohol contained in 1 oz. of Liquor, 1-12 oz. Beer, 1-5 oz. glass of Wine

2. In the month before finding out you were pregnant, how many drinks of alcohol did you typically have per week?

☐ None _____ # of drinks per week

3. In the last week, how many drinks of alcohol have you had?

☐ None _____ # of drinks

4. Have you ever felt you ought to cut down on your drinking?

☐ Yes ☐ No

5. Have people annoyed you by criticizing your drinking?

☐ Yes ☐ No

6. Have you ever felt bad or guilty about your drinking?

☐ Yes ☐ No

7. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

☐ Yes ☐ No

8. Have you ever felt badly or guilty about the consequences that have occurred because of your drinking?

☐ Yes ☐ No

9. Do you feel you have a problem with alcohol?

☐ Yes ☐ No

A referral should be offered to all women who respond affirmatively to any of questions 2 through 9.

- ☐ Patient refused referral for alcohol use.
- ☐ Referral was made on this patient for alcohol use to:

10. Have you ever used:

NEVER IN THE PAST SINCE BECAME PREGNANT

Marijuana

(grass, weed, joint, blunt, primo, blast, bud, torpedo, wicky stick, whack, dope, herb, pot, reefer, skunk, sinsemilla, ganja)

Cocaine

(coke, crack, base, blow, toot, rock, snow, uptown, C, flake, girl, bump, candy, Charlie)

Amphetamines

(meth, crank, uppers, speed, X, ecstasy, crystal, ice, b-bombs, chalk, fire, kronic, glass, go fast, ephedrine, bennies)

Hallucinogens

(LSD, acid, love drug, cactus, buttons, peyote, PCP, angel dust, zombie, supercools, green, wet, water, boomers, peace pill, cubes)

Sedatives

(tranquilizers, diazepines-blues, downers, rainbows, ludes, reds, barbs, red birds, phennies, adavan, xanax, valium)

Narcotics

(codeine, demerol, percodan, heroin, vicodin, methadone, schoolboy, smack, junk, downtown, oxycontin, boy)

Inhalants

(huffing, huffing tuleo, glue, kick, poppers, snappers, rush, buzz bomb, huff, pearls, spray)

Club Drugs

(X, ecstasy)

If answered NEVER to all other drugs – End Questioning.

11. Have you ever felt you ought to cut down on your drug use?

☐ Yes ☐ No

12. Have people annoyed you by criticizing about your drug use?

☐ Yes ☐ No

13. Have you ever felt bad or guilty about your drug use?

☐ Yes ☐ No

14. Have you ever used drugs first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

☐ Yes ☐ No

15. How long have you been using drugs, and when was the last time you used drugs?

of Years Using _____ Last time used _____

16. Have you ever felt bad or guilty about consequences that occurred because of your drug use?

☐ Yes ☐ No

17. Do you feel you have a problem with using drugs?

☐ Yes ☐ No

A referral should be offered to all women who respond affirmatively to any of questions 10 through 17.

- ☐ Patient refused referral for drug use.
- ☐ Referral was made on this patient for drug use to:



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ACKNOWLEDGEMENT OF COUNSELING

My health care provider has discussed with me the effects of:

- ☐ ALCOHOL (BEER, WINE, WINE COOLERS, LIQUOR)
- ☐ TOBACCO (INCLUDING SECOND HAND SMOKE)
- ☐ PRESCRIPTION DRUGS (WITHOUT DOCTOR ADVICE)
- ☐ OVER THE COUNTER MEDICATION (WITHOUT DOCTOR OR PHARMACIST ADVICE)
- ☐ OTHER DRUGS (STREET) SUCH AS: CRACK/COCAINE, MARIJUANA, BARBITURATES,
AMPHETAMINES, ETC.

on my own health and the health of my unborn child.

LITERATURE GIVEN:

- ☐ ALCOHOL ☐ TOBACCO ☐ DRUGS
- ☐ MULTI-SUBSTANCE

I understand this information, and have been given the opportunity to ask questions concerning substance use in pregnancy.

I have been given these toll-free numbers for more information.

MISSOURI DEPARTMENT OF MENTAL HEALTH, DIVISION OF ALCOHOL AND DRUG ABUSE – Referral to a treatment center. 1-800-575-7480.

TEL-LINK – Missouri's information and referral telephone line for maternal, child and family health services. 1-800-TEL-LINK or 1-800-835-5465.

MOTIS (The Missouri Teratogen Information Service) – A free statewide service that provides information about the effects of exposure to substances or diseases that may influence the development of an unborn baby. 1-800-645-6164 or 573-884-1345.

NATIONAL DOMESTIC VIOLENCE HOTLINE. 1-800-799-SAFE.

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